

LIFE SCIENCE INITIATIVE GRANT APPLICATION: NEW YORK LIFE SCIENCE ENTREPRENEUR DEVELOPMENT GRANT PROGRAM

Thank you for your interest in submitting an application to Empire State Development (“ESD”) in response to ESD’s competitive grant solicitation to New York-based graduate schools of business working in collaboration with medical schools, or graduate programs in the life sciences, biomedical engineering, or bioinformatics to create and implement an entrepreneurial training and business skills development program for life science researchers in New York.

To begin this process, please read the **Overview of the New York Life Science Entrepreneur Development Grant Program** and then complete this **Application** to be considered for a grant that includes two stages of funding:

- 1. Stage 1 will fund the development of a detailed plan for a collaborative graduate-level entrepreneurial business education program.**
- 2. Stage 2 will provide a one-time incentive payment to support implementation of Stage 1 plans that are favorably reviewed.**

ESD will select no more than three Stage 1 grant recipients to receive Stage 2 funding.

Please note the following:

- § ESD cannot consider assistance for project activities commenced or committed to prior to the funding recipient’s written acceptance of an offer of assistance from ESD.
- § ESD’s Life Science Initiative will not provide assistance for project activities that are included under a separate grant, loan or contract that is currently being funded by ESD or has received approval for funding by ESD.
- § Submission of an application does not guarantee funding and ESD in its sole discretion reserves the right to award partial funding or no funding to the project.
- § ESD staff may request additional information or clarification, including financial projections.

Submission of Applications

The Application should clearly and concisely provide all of the information requested. Applications that do not comply with any of the instructions provided or do not meet the full intent of all the requirements of this Grant Solicitation may be subject to scoring reductions during the evaluation process or may be deemed non-responsive.

The submission must include an original application, clearly marked as “Original” with an original signature. Five (5) copies of the signed Application also must be included, along with a flash drive containing an electronic version of the complete application.

The complete Application package must be received by the deadline of: October 15, 2019.

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**OCTOBER 15, 2019
DEADLINE FOR SUBMISSION
OF THIS GRANT APPLICATION**

Applications submitted after the deadline will not be considered for an award.

All applications are to be sent to the following address:

**Empire State Development
633 Third Avenue 36th Floor
Life Sciences
New York, NY 10017-8167
ATT: Life Science Entrepreneurs**

Definitions:

Full-time Permanent Employee: (i) a full-time, permanent, private-sector employee on the Recipient's payroll, who has worked at the Project Location for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties; or (ii) two part-time, permanent, private-sector employees on Recipient's payroll, who have worked at the Project Location for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties.

Full-time Contract Employee: a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Project Location: the physical location or locations where the project activities will take place.

Retained Jobs: are defined as those at risk of being lost or moved out of state should the Project not proceed. In the above section, please report only those retained jobs that are truly at risk and the time period over which these jobs would be lost without ESD assistance.

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Life Sciences Economic Development Benefits: means the creation, expansion, enhancement or acceleration of life sciences programs throughout the State that leads to: the commercialization of life sciences in New York State; the creation or retention of jobs in the life sciences industry employing full time permanent employees; the promotion of the life science ecosystem within a region of the State; new patents in life science; additional commercial laboratory space; or additional venture capital money for Life Sciences Entities in New York State.

Life Sciences Entity: shall mean a non-retail business corporation, partnership, firm, or any other non-retail business entity, not for profit organization or academic medical center, unincorporated association, or other entity engaged in life sciences research, development, manufacturing or commercialization.

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APPLICATION

Answer all questions that are relevant to your institution.

PROJECT NAME			
INSTITUTION INFORMATION			
1.	Legal Name of Applicant:		
2.	Applicant Address:		
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:		
5.	Applicant Contact Address:		
6.	Contact Phone Number:		Contact Email Address:
7.	Type of Organization:		
8.	Publicly Traded:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Ownership: Please attach a description of the Institution's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the Institution. Indicate if the Institution is a parent, subsidiary and /or affiliate of another Institution.		<input type="checkbox"/> ATTACHED
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable		
12.	Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location. Please provide at least the three-digit code, but the six-digit code is preferable.		
13.	Select the applicant ID type that you normally use to identify your organization on applicant forms:		
	Charity Registration Number	<input type="checkbox"/>	Social Security Number <input type="checkbox"/>
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number <input type="checkbox"/>
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
14.	Provide the identifying number of ID selected in #13		
15.	History: Provide the following information below and in an attachment, as needed, about applicant institution, including history, size, structure (i.e., schools/divisions), number of yearly graduates from each school; also include any specific programs or initiatives related to entrepreneurial training.		

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15. cont	Attach additional sheets if needed	
OVERVIEW OF EDUCATIONAL PROGRAM TO BE DEVELOPED		
16.	<p>Provide a vision for the business school program to be developed. Include the following information:</p> <ul style="list-style-type: none"> a) High-level plan for collaboration with the medical school, graduate program in life science, biomedical engineering program, and/or any other relevant program b) Overall program strategy and goals c) Specify expected short- and long-term outcomes d) Overview of the curriculum to be developed 	



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16.
cont

Attach additional sheets if needed

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INSTITUTIONAL COMMITMENT AND SUPPORT				
17.	Provide detailed information about the level of support from the leadership of the Business School, the collaborating schools and the Institution overall for development and implementation of this educational program. To the extent possible, indicate capacity to develop such a program from existing internal resources, or whether it will be necessary to expand current capacity. Attach letters from each of these parties that specify their willingness to support this program.			
	Attach additional sheets if needed			
18.	Project Address:	(If more than one location, please attach a list of additional project sites)		
19.	Project County:			
20.	Project Location Assembly District #*:		Member:	
21.	Project Location Senate District #*:		Member:	
<i>*ESD Staff will assist with compiling this information.</i>				
22.	What is the approximate number of months that will be required to develop the curriculum you are envisioning and have it implemented?			
23.	Is the institution seeking incentives by other states for this project?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, which other states?			
24.	Other ESD funding: Has the institution obtained funding from ESD as part of an existing grant, loan or contract for activities that also are to be reimbursed by this grant, if approved?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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25.	<p>Implementation: Please provide, in an attachment, a timeline for development and implementation of this project. Also, provide an estimate of the amount of time required to develop the Detailed Plan described under Stage 1 Requirements (see the Competitive Grant Solicitation for Collaborative Graduate-Level Education Programs to Develop Life Science Entrepreneurs). Also include information about who (name, title, affiliation) would lead development of this plan and the key members of that team.</p>
26.	<p>General Program Evaluation: Please provide, in an attachment, how the proposed activity will create, expand, enhance or accelerate the commercial life sciences industry through programs, research, job creation and retention, or offer other Life Sciences Economic Development Benefits within New York State.</p>
RELATED PROGRAMS OR INITIATIVES	
27.	<p>If applicable, please describe any current degree, certificate or curricular offerings that are intended to encourage or provide life science entrepreneurial skills or experiences. How would those offerings complement, supplement or be incorporated into any plan that would be developed in Stage 1, if you were to receive funding.</p>
	<p>Attach additional sheets if needed</p>
28.	<p>Program Specific Reporting Requirements: If assistance is received, ESD requires the submission of reports in order to track the progress and success of the proposed project or activity. Such reports shall include a description of the activities undertaken, the economic impact of the project, the number and amount of other sources of funding for the project including federal funds, jobs employing Full Time Permanent Employees created and retained, and the average salary of such jobs.</p>

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PROJECT BUDGET

29. Provide detail on how the \$50,000 Stage 1 funding will be utilized and over what period of time. Also detail additional funding or effort that the institution will contribute to the development of Stage 1 deliverables.

Please note that funding for Stage 1, should it be awarded, will not be subject to Minority and Women owned Business Enterprise (MWBE) goals. If a Stage 1 plan is favorably reviewed to receive Stage 2 funding MWBE goals will apply and the grant recipient will be asked to develop a plan to utilize NYS certified MWBE firms to meet a participation goal (to be determined based on the Stage 1 plan). If you are chosen to receive Stage 1 funding, you will be asked to describe how you would encourage participation with MWBE firms and utilize these firms to develop your program.

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30. Disclosure and Accountability Certifications

1. Is the Institution currently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Institution or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Institution ever settled a debt with a lending institution for less than the full amount outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any senior manager or principal of the Institution ever been convicted or any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the Institution or any of its affiliates, been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any outstanding judgments or liens pending against the Institution other than liens in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the Institution delinquent on any New York State, federal or local tax obligations? <i>(NOTE: If your answer is "YES" for any of the above questions, please provide an explanation in an attachment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

31. Environmental, Historic, and Smart Growth Review Information

If you need assistance understanding the State Environmental Quality Review Act ("SEQRA"), identifying a lead agency or obtaining and completing an appropriate Environmental Assessment Form, please contact your ESD Regional Office, or ESD's Planning and Environmental Review Office at (212) 803-3252 or 3253.

Under SEQRA, certain listed activities are not subject to review because they involve actions with little, if any, environmental impact, referred to as "Type II" Actions. Conversely, SEQRA also includes a list of actions that are assumed to be more apt to result in impacts, referred to as "Type I" Actions, which are subject to formal review. If a proposed action is neither listed on the Type II or Type I lists, it is referred to as an "Unlisted Action" and is also subject to review under SEQRA.

1. Does your project involve any physical alteration of any kind to a site or a facility; a change in the nature of the activity conducted at the project site or facility, or would result in significant changes to the project site area's activity patterns? If "yes," answer question 2 below. If "no," skip question 2; your project probably does not require environmental review. (Your application will be reviewed to confirm this.) ☐ Yes ☐ No
2. Does your project involve any physical alteration of any kind to a site or a facility; a change in the nature of the activity conducted at the project site or facility, or would result in significant changes to the project site area's activity patterns? If "yes," answer question 2 below. If "no," skip question 2; your project probably does not require environmental review. (Your application will be reviewed to confirm this.) ☐ Yes ☐ No

If you answered "yes" to Question 2 above, your project must be reviewed under SEQRA by a lead agency. (A "lead agency" is a public entity principally responsible for undertaking, funding or approving a project. Examples of lead agencies are: state regulatory or funding agencies; county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards).

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- a. If your SEQRA review has already been completed, attach the Environmental Assessment Form (“EAF”) and Negative Declaration, or if a Positive Declaration was made, attach the Draft and Final Environmental Impact Statements (“EIS”) and Findings Statement. (Note: If your project was approved by a lead agency on or after October 7, 2013, the new EAFs must be used and a separate Negative Declaration form is not required.)
- b. If your SEQRA review has not been completed, please provide, in an addendum to this application, information about the status of the review and designated lead agency for the review, and submit “Part 1” of a Short EAF or Full EAF as appropriate¹, for your project. Subsequent EAF Parts are completed by the lead agency based upon the information you include in Part 1.

The Short and Full EAF¹ are available on the NYS Department of Environmental Conservation’s web site at:
<http://www.dec.ny.gov/permits/6191.html>

¹ Generally, a Short EAF should be used for Unlisted Actions and Full EAF should be used for Type I Actions (e.g., the alteration of 10 acres of land or more, parking for over 1,000 vehicles, or water usage in excess of 2 million gallons per day).

3. Does the project involve or is substantially contiguous to buildings, structures or sites listed on the State and National Registers of Historic Places? ☐ Yes ☐ No

4. Does the project site contain or is substantially contiguous to buildings that are more than 50 years old and/or buildings/lands that are known to be historically, architecturally, or culturally significant? ☐ Yes ☐ No

5. Is the project site location wholly or partially within an area known to be archeologically –sensitive? (e.g., lands that have not previously experienced ground disturbance beyond agricultural activities). ☐ Yes ☐ No

If you answered “yes” to Question 3, 4, or 5 above, consultation must be conducted with the State Historic Preservation Office (SHPO) of the New York State Office of Parks, Recreation and Historic Preservation in accordance with Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law. ESD staff will advise you what is necessary to undertake this review.

6. Does the project involve any extensions or improvements to “public infrastructure” (e.g., publicly-supported roads, bridges, streetscapes, other transportation systems, drinking water, sewers, drainage systems, and utilities)? ☐ Yes ☐ No

If you answered “yes” to Question 6 above, the project must be reviewed by ESD to ensure that it is consistent with relevant criteria specified in the State Smart Growth Public Infrastructure Policy Act of 2010. ESD staff will advise you what is necessary to undertake this review.

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32. Non-Discrimination and Contractor and Supplier Diversity

Non-Discrimination and Utilization of Minority and Women-owned Business Enterprises

The Applicant understands that any funding awarded as a result of this application will be subject to the provisions of Article 15-A of the New York State Executive Law. The Grantee/Recipient agrees that it will comply with the provisions of Article 15-A of the New York State Executive Law and the rules and regulations promulgated thereunder, including, but not limited to, adopting to an Equal Employment Opportunity policy applicable to the project and exercising good faith efforts to achieve any goal for the utilization of Minority and Women-owned Business Enterprises that may be established for the project.

33. Not-for-profit Organizations

Not-for-profit organizations receiving a grant to be administered by ESD must be registered and up-to-date with its filing with the Office of Attorney General's Charities Bureau ("OAG"), certified in the Office of the State Comptrollers' **VendRep System** ("OSC") and prequalified with **New York State Grants Gateway** prior to ESD Directors approval and the execution of a Grant Disbursement Agreement.

Register with the Grants Gateway at: www.grantsreform.ny.gov

If you have questions about the Prequalification application, please contact ESD's program representative, Greta Carter-Williams, at Greta.Williams@esd.ny.gov or the Grants Reform Team by emailing GrantsReform@Budget.ny.gov with "Prequalification" in the subject line.

APPLICATION

Certification of Applicant

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this Application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate. I/we hereby authorize ESD to order credit reports or other financial background information on the Institution, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.

Applicant Signature: _____ Date: _____

Institution Name: _____

Print Name: _____ Title: _____